

Camp, August,

(Surname.)

(Christian name in full.)

(Army serial number.)

1,679,375
1,679,375



1st *M. & C.* *Co.* *308th* *ME* *Bn.*

(Rank and organization.)

State your relationship to the deceased

Brother.

Do you desire the remains brought to the United States?

no.

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

M (Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Charles Camp

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

10/31/00

34-127

Wm. H. Brown

Mr. Peter Camp,

64 Mason St.,

Quark, N. J.

checked

1-3-21

1946

198

G.R.S. Form #114-B

FULL NAME CAMP., August

RANK Pvt. SERIAL 1679375

DIVISION & ORGANIZATION Co.G, 308th MG Bn ✓ 78 Div.

DATE OF DEATH Sept 5/18

STATE FROM WHICH HE CAME N.Y.

MEDALS OR DECORATIONS AWARDED: ✓

FINAL GRAVE LOCATION 27 10 B
Date Grave Row Block

suresnes, #34

Cemetery

15 Received A. G. O. SEP 3 1924

23/306/ARK

REC'D WORLD WAR DIV
SEP 3 24

293

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Camp, August
(Surname.) (Number.) (First Name and Initials.)

Pvt., Co. G, 308. In. G. Bn.
(Rank.) (Organization.)

DATE OF BURIAL Sept. 7th 1918.

PLACE OF BURIAL G. E. S. Cem. 34.

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Switzerland.

Paris, Seine

GRAVE NUMBER 644.

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker?

If name unknown and tags missing, description and marks should be given here:

C, 1

REPORTED BY: Herbert Shipman

S. Capt. Pain

(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

Place Suresnes (Seine)

REPORT OF DISINTERMENT AND REBURIAL

Date 9.7.21

1. REMAINS OF CAMP, August SERIAL NUMBER 1689375 ⁷ ⁵¹⁸⁰⁰⁰

RANK 1st Lt. ORGANIZATION Co. G. 308th M.G. Bn.

2. Disinterred (date) : 9.7.21 From (give complete location) :

Gr. 644, Cem. 34, Suresnes.

By : Group 1 Unit SEC. 6

3. Reburied (date) : 9.7.21 In (give complete location) :

Gr. 27, Row 10 Cem. 34, Suresnes. **BLOCK B**

By : Group 1 Unit Sec. 6 Nature of reburial Metal casket, blanket, & metal strips.

4. Report as to nature of original burial and condition of body upon disinterment :

Wooden box and sheet, Badly decomposed - features unrecognizable.

5. (a) Identification tags : Buried with body ? Yes On grave marker ? Yes

(b) Other means of identification found upon disinterment, and general remarks :

None

6. What does examination of body show as regards the following identifying items ?

(a) Height (actual measurement) Imp. to det. See Pp.4

(b) Weight (estimated) Imp. to est. SEE Pp.4

(c) Hair—Color App. dark brown

Quantity Medium head

Characteristics App. straight

(d) Hair on face—Color None visible

Location None visible

Quantity None visible

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None visible

(f) Wounds or missing parts (received at time of casualty) None visible

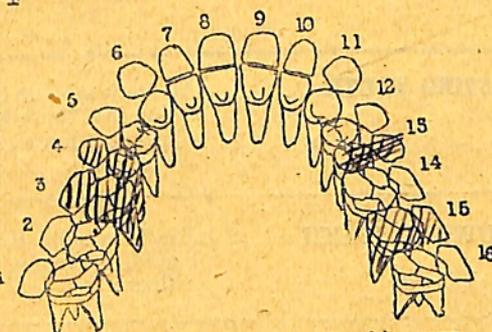
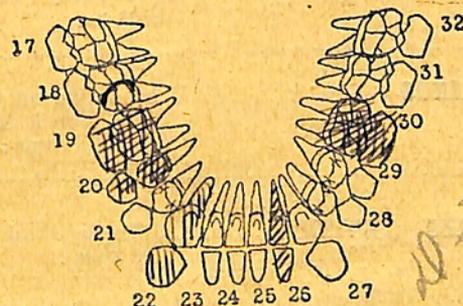


Diagram represents the mouth wide open.



Nos. 3, 4, & 15 M.B.D.
Nos. 13, 19 & 20 & 30 Decayed
Nos. 25 & 22 M.A.D. No. 18 (Cavity.)

20-30410

7. Disinterment supervised by A.W. Taggart, S.E. Approved : E.J. Riordan,

(Title) Capt., QMC.

8. Reburial supervised by A.W. Taggart, S.E. Approved : E.J. Riordan,

(Title) Capt., QMC.

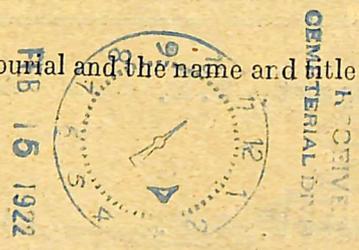
INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	
DENTURES (PLATES)	Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."	

7. Show name of person supervising the disinterment and the name and title of the person approving same.
8. Show name of person supervising the reburial and the name and title of the person approving same.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

June 16, 1922.

FILE
KCH 6/16

FILE: 293.8 C-R - #17555 (Camp, August - Pvt.1/c)
FROM: The Quartermaster General, U. S. Army.
TO: Mr. Peter Camp, 64 Mason St., Newark, N. Y.
SUBJECT: Permanent Grave Location of Pvt.1/c August Camp,
Machine Gun Company, 308th Machine
Gun Battalion.

1. The permanent grave of this soldier is No. 27 Row 10
Block B, The American Cemetery of the Suresnes, Department of Seine,
France.

2. This is one of the permanent American military cemeteries
to be maintained by this Government in Europe. Each grave will be
marked by a headstone of white marble, of suitable design, with name,
rank, organization and date of soldier's death. The headstones will
be placed at all graves in connection with the improvement work now in
progress, as soon as possible and without waiting for special action
or request on the part of relatives.

3. In effecting removal, the utmost care and reverence were
exacted and more than willingly accorded by those performing this
sacred duty. The grave of the deceased will be perpetually main-
tained by this Government in a manner befitting the last resting
place of our heroes.

By authority of the Quartermaster General:

MAILED

JUN 17 1922

GEORGE H. PENROSE,
Colonel, Q. M. Corps,
Chief, Graves Registration Service.

ew

G.R.S.

4 copies

DATE _____

1. NAME Camp, August SERIAL No 1699375 *7 5x8.000*

RANK Pvt ORGANIZATION Co.G.308th MG.Bn

GRAVE LOCATION Suresnes American Cty 34
CTY. NAME NUMBER

644
GRAVE ROW PLOT

2. ORIGINAL ~~BATTLE AREA~~ GRAVE LOCATION 644 SURESNES. Seine.
GRAVE COMMUNE DEPT.

COORDINATES Amer. Cty. #34.

CONCENTRATED TO Original burial.
DATE GRAVE ROW PLOT

CEMETERY CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

Original burial.

SUBSEQUENT REBURIALS None.
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR G.V.S. QUACKENBUSH.
G. V. S. Quackenbush
Lieut.-Col., Q.M.C. Chief, Operations Div.

3. FINAL GRAVE LOCATION 9-7-21. 27. 10. Block B.
DATE GRAVE ROW ~~PLOT~~

SURESNES AMERICAN CEMETERY #34 (Seine) SURESNES.
CEMETERY

*2/28/22
Audited
Ho 8.*



INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.
2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.
3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.
4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

To be prepared in triplicate.

DATE: 9.7.21

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name Camp. August

10. Name

2. No. 1679375 *5x8 cards*11. No. 16793753. Rank Pvt.

12. Rank

4. Org. Co.G.308th MG.Bn.

13. Org.

5. D.D. 9.6.18

14. (a) D.D.

6. C.D. DOW

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 644 Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot Row

9.

17. No discrepancy18. Cemetery American19. Commune or town Suresnes20. Dept. or County Seine21. Country France22. G.R.S. Hdqrs. Code No. 3423. Disinterred (Date) 9.7.21By A.W. Taggart.

24. Inscription on grave marker:

Name August CampSerial No. NoneRank Pvt.Organization Co. G. 308th
M.G. Bn.25. Was identification disc found on grave marker? Yes On body? Yes.L. D. Hays
Signature Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

No effects.27. Condition of body Badly decomposed - features unrecognizable.28. Nature of burial Wooden box and sheet.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? (See above)30. Body prepared and placed in casket: Date 9.7.21 By A.W. Taggart.31. Casket sealed by A.W. Taggart.

Signature of Embalmer (Supervisor)

A. W. Taggart

SHIPMENT. (Show actual make of box.) Box No. C-5025

32. Designation of body:

Name Camp, August Serial No. 1679375

Rank Pvt Organization Co. G. 308th MG. Bn

33. Consigned

Name of Permanent Cemetery Suresnes American Cty. #34

34. Car boxed and marked (Date) 9.7.21 By A.W. Taggart.

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector E.J. Riordan,
Capt., QMC.

36. Remarks

Tag found on cross reads "August Camp. Pvt. M.G. Co. 308th Inf. 1679375."

37. Shipped from point of Operation: (Date) 9.7.21

To point of Concentration Suresnes (Seine)

(Name)

Convoyer _____ Signature Shipping Officer _____

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery _____

(Name)

Convoyer _____ Signature Shipping Officer _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred 9.7.21 (Date)

42. Grave No. 27 Section _____

43. Plot Block B 12x Row 10 (Com. 34)

FR

G.R.S. Representative E.J. Riordan,
Capt., QMC.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 17555

I. LOCATION INDEX CARD:

(a) Name CAMP, August Ser. No. 1699375
(b) Rank Pvt. 1/c Organization M.G. Co. C, 308th M.G.Bn.
(c) Date of death 9/5/18 (d) Cause of death DYSRIA

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 644 Row --- Plot --- Sec. --- TYP. EK
(b) Emerg. Address Peter Camp (father) 64 Mason St., Newark, N.Y.

III. Files of soldiers dying from contagious diseases

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name Charles Camp (b) Relationship Mother
(c) Address Omitted (64 Mason St. Newark, N.J.)
(d) Remains to be brought to U. S.? no
(e) To be interred in National Cemetery in U. S. at
(f) Shipping instructions upon arrival of body in U. S.
(g) Disposition instructions if not brought to U. S.

Examiner's Initials H.P. Date 12/30, 1920.

V. A. G. O. CORRESPONDENCE shows communication from

dated confirming request in Par. IV., item, above, or requesting that

no correspondence

Examiner's Initials H.P. Date 12/30, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows:

no request for disposition

(a) Cancellation memos referred to? yes PF

Examiner's Initials PF Date 1-3, 1920.

COUNTRY France

CEMETERY No. 34

SHEET No. 127

G. R. S. Form No. 115 Amended April 6, 1920

3-7729

Make Form No. 114

CARDED

checked - m - 1-10-21

FORM 115 - A COMPLETED

Concentrated into P. A. C. 34

FEB 25 1921 H-5

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Camp. - August
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. G. 308 U. S. Inf.
(Rank.) (Organization.)

DATE OF BURIAL. 9/7th/18.

PLACE OF BURIAL. A. E. S. Cem. 34.

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Switzerland.

Paris, Seine

GRAVE NUMBER. 644.

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker?

If name unknown and tags missing, description and marks should be given here:

C.

REPORTED BY: Hubert Shipman

S. Capt. Paris.

(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

FILE

G.R.S. Form 8-W-A-O
Information requested of A.G.O.

Date 1/4/21.

File No. 17555 Requisition.

From: The Quartermaster General, U. S. Army, (Cometarial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname **Camp** ✓
- b. Christian name **August** ✓
- c. Serial Number ~~1699375~~
or **(1679375)** ✓
- d. Organization **Co. G, 308th M.G.Bn.** ✓
M.G.Co.
- e. Rank **Pvt.** ✓
1cl
- f. Date of death **9/5/18.** ✓
- g. Cause of death **DWRIA.** ✓
- h. Authority (C.O.#) **A 4201**
Mr. Peter Camp, (father)
- i. Emergency address
64 Mason St. Newark N.J.
- j. Relationship

BODY DESCRIPTION
(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|-------------|---|---|---|---|---|---|---|--|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | | | | | | | | upper right | | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | | | | | | | | lower right | | | | | | | | |

Dorinelly Lea
CPN- 1-6-21.

H. L. ROGERS,
Quartermaster General, U.S.A.

BY: *H. J. Conner*

H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 34

SHEET NO: 127

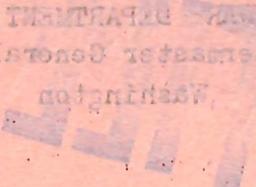
TYPED BY: I.W.

S/713/LML

Rec'd World War Div.
Date... **JAN 5 1921**

JAN 5 1921

Office of the Quartermaster General of the Army
Washington



G.R.S. Form 8-W-A-0

Information requested of A.G.O.

Date 1/1/21

File No. Registration.

From: The Quartermaster General, U. S. Army, (General Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information requested for G.R.S.

1. It is requested that the items checked below be completed. Request confirmation of all information shown.

- a. Surname **Gap**
- b. Christian name **August**
- c. Serial Number **XXXXXX**
or (initials) **(initials)**
- d. Organization **Co. 5, 308th M.G.Bn.**
- e. Rank **Private**
- f. Relationship **Relationship**
- g. Emergency address **Emergency address**
- h. Authority (G.O.#) **Authority (G.O.#)**
- i. Cause of death **CAUSE OF DEATH**
- j. Date of death **9/1/18**

PHYSICAL DESCRIPTION
(See page 2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight

1. Permanent marks and physical defects at enlistment (Old fractures or breaks)

1221 JAN 7 1921

RECEIVED

2 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left
2 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

H. L. ROGERS,
Quartermaster General, U.S.A.

BY: *[Signature]*

H. L. CONNER,
1st. Lieut. G.M.C.

CERTIFY NO: 24

SHEET NO: 217

TYPED BY: I.W.

Rec'd Worth War Dep
Date

8/13/21

Classification _____

Adjustment _____

CEMETERY DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date 7/16/20

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

1. Changes as checked have been made in the Registration Files which will necessitate a corresponding change in the Classification Files.

	CORR.	ADD. DATA		CORR.	ADD. DATA
File Number			Date of Burial		
Name			Date of Reburial		
Serial Number			Burial Information		
Rank			Nearest Relative		
Organization			Notified Nearest Relative		
Cause of Death			Blue Card thrown out		
Date of Death	X		White Card set up		✓
Casualty Cablegram Number					

O.K. Alphabetical Files N.E.S. 7-20-20.

~~O.K. Organization Files~~ _____

~~O.K. State Files.~~ _____

Cemetery Audit Department
Investigation & Adjustment Dept.

By Attans

2 Cards attached.

WAR DEPARTMENT

17555

THE ADJUTANT GENERAL'S OFFICE

AD/oeb 1-211

IN REPLY 201 (Camp, August) WW
REFER TO

WASHINGTON

July 13, 1920.

SUBJECT: Date of death of August Camp, #1679375, Private, Machine Gun Company, 308th Infantry.

Pk

*Adj. made
7-16-20
A*

To: The Quartermaster General of the Army,
Washington, D.C.

1. Upon investigation, it has been ascertained that the date of death of the above named man heretofore communicated to you, is erroneous, and that he died September 5, 1918.

2. For purposes of identification, you are advised that the records show that the deceased was enlisted February 24, 1918, and the name of the person to be notified in case of emergency was given as Mr. Peter Camp, father, 64 Mason St., Newark, N. Y.

F. C. Harris.

The Adjutant General.



✓

CODE SLIP

HEADING	SUB HEADING	NO. OF COLS	CODE
NAME	Camp, August	CAM	3
BURIED	CEMETERY	34	1
	GRAVE	27	2
	ROW	10	2
	BLOCK	B	1
STATE	N.Y.		2
RANK	Pvt		1
DIVISION	78		2
ORGANIZATION	308		3
ARM	Inf Bn		1
MARITAL	(Father) No		1
NAME	Camp, Peter		3
RESIDENCE	64 Mason St. Newark, N.Y.		
	STATE		2
	COUNTY		2
	CITY		3
RELATION	no fm no low mother		1
OTHER			1
ELIGIBILITY	Dead		1
NATIVITY			1
RACE			1
ENGLISH			1
ATTENDANT			1
HEALTH			1
NO. OF SONS			1
DATE OF TRIP	MO.		1
	YR.		1
ACCEPTANCE	Dead		1

AUDITED

SEP 22 1982

RS

FPO

ra

31

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Camp, August, 34-F

July 7, 1930.

Mr. Peter Camp,
64 Mason St.,
Newark, N. Y.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

May 3, 1929.

IN REPLY REFER TO QM 293 A-C
Camp, August

*He has no widow and
The mother is dead.*

Mr. Peter Camp
64 Mason Street
Newark, N. Y.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the father of the late Private, first-class, August Camp, Machine Gun Company, 308th Machine Gun Battalion, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, France.

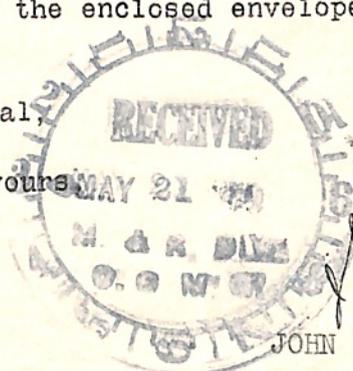
Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,



JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

2 incls.
Act of Congress.
Envelope.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Camp, August, 34-F

July 7, 1930.

Mr. Peter Camp,
64 Mason St.,
Newark, N. Y.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

May 3, 1929.

IN REPLY REFER TO CM 293 A-C
Camp, August

Mr. Peter Camp
64 Mason Street
Newark, N. Y.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the father of the late Private, first-class, August Camp, Machine Gun Company, 308th Machine Gun Battalion, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress.
Envelope.

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.